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THE CANADIAN NURSE

AND HOSPITAL REVIEW

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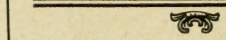

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Public Health Nursing

BY CHRISTINE SMITH

Read Before the U.F.W.A. at Their Annual Convention in Edmonton

I have been asked to speak to you to-day on the subject of "Public Health Nursing." The term includes a number of varying activities, all of which are definitely concerned with public health and social betterment.

What is public health work?

Public health means the education of the public in preventive medicine. Its scope is almost illimitable in that there may be included under the term everything which in any way affects the health of a community.

I should like, first of all, in order to obtain the proper point of view, to consider the subject somewhat historically. The first experiment in this field was made in Liverpool, when, in 1859, William Rathbone, with Florence Nightingale's help, founded the first district nursing association. It has since extended its sphere of activity to practically all countries.

Medical inspection of schools was first established in Brussels in 1874, and when, in 1894 (twenty years later), Boston inaugurated medical inspection, the United States merely followed the lead of France,

England, Germany, and many other countries. Japan realized thirty years ago that the health of her people was the main asset of the nation, and that her ability to maintain her position among warring countries rested solely in the physical strength of her subjects. Consequently, she set about to conserve, strengthen and build up her fighting resources in every way possible; and one of her first acts of preparedness for the bloody struggle, which was to be staged some years later, was the inauguration of a complete system for the medical inspection of her school children.

During the past twenty-five years the movement has spread to most of the cities in Canada and the United States. The rural districts, too, are coming into their own, and I look forward with the greatest optimism to the advancement of this most important branch of our work during the next few years.

In 1897 the first industrial nurse was employed at John Wanamaker's store in New York, and the same year the Victorian Order of Nurses was established in Canada. In 1909 the American Association for the Study and Prevention of Infant Mortality was founded. These are only a few of the most important events, but it will give you an idea of the growth and development of the work.

At the present time we are passing through a transitional period in hospital care of the sick, and in the solution of rural health problems. The influenza epidemic, through which we have just passed, has brought home to us (especially in these Western provinces) conditions that few of us realized existed; and to better these conditions is the thought that is now occupying the minds of legislators, health authorities, social service workers, and, indeed, all right thinking people.

As yet there has been no public health movement in which nursing has not played some part, and often a very prominent one. In all the various health campaigns we find nurses acting as supervisors or instructors, or rendering actual nursing services. It was the district nurse who proved to the Board of Education in New York the importance of public health nursing in the schools. In no public health movement has nursing had a more active part than in the prevention of infant mortality. We find the Child Welfare nurse not only caring for the sick babies, but instructing mothers in the care and feeding of the well babies. We also find them in the homes, where little lives are only yet a promise, teaching the expectant mothers how to care for themselves and prepare for the newcomers.

Then comes the introduction of public health nursing into the factories: the work of proving to employers that to safeguard the lives of their employees is not only philanthropic but economic. We must not overlook the tuberculosis nurse, for here, too, is a wonderful opportunity for service—not only the care and attention of those already afflicted, but the prevention of the spreading of infection.

Public health nursing in Alberta is only in its infancy. I want,

however, to tell you something of what has already been accomplished, of some of the difficulties we have encountered, and a forecast of our future aims and objects.

The present staff of public health nurses was appointed on April 1st of last year, consisting of four nurses, and myself as superintendent. The first two months were spent in preparation for the work, in the way of lectures, etc. The first week in June the four nurses were assigned to four separate districts and commenced their work of inspecting the school children. They were called in, however, to help with the health exhibit that our department had undertaken to put on in Edmonton and Calgary, thus only leaving them a little less than three weeks for this first experiment. They returned later, however, to these same districts, visited the homes, re-inspected some of the schools, and sent in to the department most satisfactory reports.

One of our greatest difficulties has been the transportation of the nurse throughout her district. If the best results are to be obtained, apart from the transportation from one school to another, she must visit every home in the district, for in this lies the principal strength of all public health nursing. With this thought in mind, the department undertook to send out a man as an advance organizer, who was to prepare the way and make definite arrangements with every school board for some one party who would be responsible for the nurses' transportation while in that particular district.

The suggestion was well received by the people, and in every district arrangements were definitely fixed. Before we had time, however, to put this to the test, the influenza epidemic was upon us; the nurses were again called in, and have not since returned to their regular work.

Referring to the influenza epidemic, how many times during those tragic weeks, when appeals for assistance were coming in to our offices in Edmonton and Calgary from all points in the province, did we wish for a more adequate staff of public health nurses? Even as it was, with our little band to act as leaders and organizers, and with the splendid army of trained nurses, V.A.D's and volunteers, who responded to the call of suffering humanity and "went out, not knowing whither they went," we were able to render some degree of service. Between the two offices, Calgary and Edmonton, we sent out altogether about 200 nurses, V.A.D's and volunteers. In many places there were no doctors; but the nurses went just the same, organized emergency hospitals, and did the visiting nursing from home to home.

This was an emergency and there was no time for preparation. We had no standing army to mobilize; we had to do the best we could with the material that was available. And I must say that, personally, I felt the responsibility, for we did not know whom we were sending out. For work of this kind we need thoroughly trained and competent women, and the only way that this can be accomplished is to have our own provincial staff of public health nurses.

I am not in a position to say just what our future policy will be with regard to all phases of the work, but I do know that we are facing a tremendous responsibility.

We have not undertaken anything as yet in the way of child welfare work beyond the health exhibits which we put on at the Calgary and Edmonton fairs, and the distribution of literature. I am anxious to see this branch of our work established, and my plan would be to open up child welfare stations at various points throughout the province. All that would be necessary for this would be two rooms in a comfortable building—a waiting-room and an examining-room, well lighted, painted white, and with the ordinary equipment for a child welfare demonstration. These would only be open one or two afternoons a week, with the public health nurse and a doctor in attendance. The object would be a place where mothers could bring their babies and their children of pre-school age for examination and consultation.

Another movement that has met with very great success in the United States is the organizing of "Little Mothers' Leagues" for girls from twelve to fourteen years of age, with the object of teaching, during the summer vacation, the principles of infant feeding and hygiene to these girls who already have so much care of younger brothers and sisters, and who later will become mothers themselves. This could be carried on in connection with the child welfare station.

It is one thing to evolve schemes for the administration of public health work, but it is quite another thing to frame up a policy that will be workable, and to secure enough nurses with the necessary qualifications to carry on the work.

In no profession to-day is there more "room at the top" than in public health nursing. So recent has been the demand that the supply of workers, thoroughly prepared, is totally inadequate to give the leadership needed in communities willing and eager to inaugurate health campaigns.

In a letter from Mrs. Hannington, chief superintendent of the Victorian Order of Nurses, which I received only a few days ago, she says: "The head office of the Victorian Order during the last month received more calls from communities wishing to have our organization established in their midst than any other month in the history of the order since its inception; and that, too, at a time when we had not a nurse on our waiting list."

In an attempt to overcome this difficulty they have secured the services of Miss Virginia Gibbs, who is to make a tour of Canada, speaking to nurses in training schools, with the object of appealing to pupil nurses to specialize in public health work. They are also anxious that she should be given an opportunity of addressing the senior classes in high schools or ladies' colleges, in order to encourage young women to enter the profession.

I think this is a splendid move, and I am anxious that Miss Gibbs should receive our heartiest support and co-operation. Miss Gibbs has been associated with the American Red Cross organization, and came to Canada to take the post-graduate course in public health nursing given by the Victorian Order.

There probably never was a time when so many young women were so sincerely anxious to make their life-work count for something worth while; the thoughtful girl or woman is not satisfied any more with simply an easy job, or a situation that brings an immediate money return. She wants something that will give her a chance to contribute something to the real work of the world; and I believe that, in variety of opportunity and in possibilities of service, no profession of the present day offers larger returns to the educated woman.

I had the privilege of attending the American Public Health Convention in Chicago early in December. The American National organization of public health nursing met at the same time, and throughout the entire convention the call was for more public health nurses.

The American National organization are looking to a new profession of nursing, the substitution of community nursing for individual care, and proposes to seize on the reconstruction era to secure the adoption of its ideas. Sixty thousand nurses will be needed to carry out the programme, and nurses returning from overseas are counted on to furnish a large number of these.

Miss Ella Crandall, executive secretary of the organization, in addressing the convention, said:

"Health nursing should reach 100 per cent. of the population. Private nursing is a luxury, and ought to be so considered. Few persons who are ill need the constant attendance of a nurse; and thousands who are well need professional vigilance against disease, to keep them well. It is our purpose to see that well persons are not neglected in order that the sick may have more care than they need."

This plan appeals to me, and only bears out the opinion that I have held for some time on this question.

Were the province of Alberta to undertake the inauguration of such a system, we would require about 600 nurses, and this seems a tremendous undertaking. But heights are only attained by aiming at big things; and in this young province, with its future before it, why not make a beginning, being careful to choose for our foundation solid ground, and then build slowly but surely.

Our first step is to increase our nursing forces; and in order to do this we must look to our hospitals to increase their accommodation and enlarge their classes in order that these young women may get the training that is necessary. We must safeguard our professional standards.

Florence Nightingale always insisted on training as the only means of reaching proficiency in nursing. To all the ardent and sometimes

sentimental young women who began to volunteer their services for the care of the sick, she emphasized the absolute necessity of long, rigorous training. "Nursing is an art," she insists; "and if it is to be made an art, it requires as hard a preparation as any painter's or sculptor's work; for what is having to do with dead canvas or cold marble compared with having to do with the living body?" Again she calls it "the finest of the fine arts."

Miss Lillian Wald, the founder of the Henry Street Settlement in New York, speaking on public health nursing, says:

"The nurse no longer feels herself qualified to care for people unless she has been trained to recognize and report symptoms other than those of the patient.

"Instruction in measures for protection and relief in housing, on labor legislation, on school laws, is a necessary part of her equipment; and above all and beyond all is the personal and spiritual attitude, and the realization that she is not only serving the individual, but promoting the interests of collective society. Society needs her, needs her inspired, and needs her well trained."

Only yesterday I had a letter from the convener of one of your local organizations, saying that they were endeavoring to establish a district nurse in the community, and asking for information or suggestions from our department. The more letters we get like this, the easier it will be for us to render the service that you need.

I should like to have the opportunity of organizing a "community centre" in a district like this. We would arrange a district of possibly two municipalities, with a centre to work from. We would have a board, consisting of the local board of health and representatives from any of the women's organizations, or any organization that exists for the purpose of social betterment.

We would open a child welfare station and a home for at least two nurses. The public health nurse would be responsible for the inspection of the school children, for the conducting of child welfare demonstrations, or anything of an advisory or instructive nature. The visiting nurse would render nursing service in the homes. These are two distinctly separate lines of work and must not overlap. Remember, I am not announcing this as a policy, but merely as a suggestion for you to think about.

The Canadianizing of foreigners is one of the greatest problems that we have to deal with to-day, and one that is full of interest. What better means could be adopted for impressing upon these people the right conception of citizenship than through the establishing of centres such as I have outlined, working in the closest co-operation with our educational authorities? I do not consider it a hardship to go in and work among these people, providing that the living conditions are made attractive.

I carried on hospital work for four years myself in a foreign colony, and I know what I am talking about. It was one of the Presbyterian Mission hospitals in Northern Saskatchewan, a sixty-bed, splendidly equipped, modern hospital. We created our own surroundings and lived our own home life. My policy was to use the hospital not only as a means of caring for the sick, but as an example of cleanliness and right living, and the effect was not lost. These people are imitators, and the best way to appeal to them is through example.

I listened with a great deal of interest to the splendid and inspiring address by your president yesterday morning. I was glad to hear her emphasize the building of homes for doctors and nurses. I think we should include in this the rural school teacher. It might often be possible to have the nurse and the teacher live together.

In closing, then, I want to say that we have no reason to feel discouraged. During the past year our municipal hospital scheme has become a reality. Three votes have carried, and several more are in various stages of development.

We have secured temporary quarters for a Feeble-minded Institute, and twenty-two children are already receiving care and treatment, with many more applications on file waiting attention.

Tenders have been called for the Tuberculosis Sanitarium, and this will no doubt be completed this year.

It is only a beginning, but it ought to inspire us to greater things; and only in so far as we value the importance of public health work will the money be forthcoming.

Our nurses must realize, when they go out to these rural districts, that they are not alone, but with them and back of them are all the provincial and local authorities—local boards of health, public school systems, religious organizations, private physicians, and all our women's organizations.

The socially trained nurse must know the functions of each of these. If she is wise she will realize that co-operation works both ways, and will seize every opportunity to prove herself a resource for them, as well as to call upon them for aid in her problems. She should be ever ready to help in any plan that is for public betterment, always bearing in mind that we are not striving to further public health nursing, but public health.

Training for higher branches of foreign trade will be discussed, at the suggestion of the Canadian Trade Commission, at the Universities Conference in Ottawa this month.

Imports into Canada from the United States, for which payment must be made some time or other, continue to be on almost a wartime scale, the Canadian Trade Commission points out.

Psychiatry and Mental Social Service

By A. T. Mathers, M.D.

Read at the C.A.N.E. Convention, Vancouver, B.C., July, 1919

There started in August, 1914, a vast convulsion, of which the war with the Teutonic powers was but one phase. Called, at that time, to save the world from bondage, the enlightened nations of the earth willingly took up the fight, and, after suffering and sacrifice without equal, sent those iniquitous hordes down to defeat. To our own country has come much glory from the struggle, and we have witnessed and felt during these past five years the stirrings and strivings of a new nation. We have been proud and happy, albeit in a modest way, of what the united efforts of our people have accomplished. It seems probable that the military phase of the struggle initiated in 1914 is about consumated; but other phases now assume the foreground, and we find ourselves face to face with new movements—new struggles—that give promise of being of immense importance to Canada as a nation and to us as individuals. Within the past weeks we have been startled by a determined effort to snatch authority from its rightful place, and plunge this fair land into the dark terrors of anarchy: an effort engineered by those who, born, as they may have been, within the British Empire, are not the friends of Canada. We have seen that the only enemies have not lived in Central Europe. We must realize that there are enemies within the gates, and to these attention must be turned. We must search for and carry out those measures that are going to ensure the stability of our Government, and the well-being — physical and mental — of our people.

It has been said that, as far as military medicine is concerned, the war has cast the most light in the fields of orthopedic surgery and nervous and mental diseases. The mobilizing of great armies, with its consequent appraisal of the physical and mental qualities of individuals, has opened our eyes and told us, more plainly than words ever could, that we must pay more attention to the health of our people. Carefully planned organizations have for many years been doing invaluable work in the prevention of physical disease; but it is now evident that analogous and, in all probability, more far-reaching efforts must be directed toward the overcoming of the disorders that threaten the mental life of this country.

Barker has defined mental hygiene as a "Continuous effort toward conserving and improving the minds of the people." In other words, a systematic attempt to secure human brains, so naturally endowed and so nurtured that people will think better, feel better, and act better than they do now.

Taking a hurried glance over the community, we recognize certain groups of individuals who seem like weeds in the garden—individual

beings right enough, but undoubtedly in the wrong place, and either failing to serve a good purpose or definitely serving a bad one.

First of all, we may think of the insane. Here are persons who, through diseased structure or function of brain, cannot possibly conduct themselves in a way that will conform with the demands laid down by society. Not so long ago these people were either regarded as saints or prophets, and revered as such; or they were considered the victims of dmoniacal possession, and forthwith subjected to the various procedures considered to be efficacious in the treatment of such states. Charms, incantations, prayers, beating, hanging and burning were all tried, but with slim degree of success. We now know these unfortunates to be the victims of disordered nervous systems, and are as ready to consider them proper subjects of medical and nursing care as the victims of cardiac or any other type of disease.

So, too, have our ideas regarding the imbecile, and feeble-minded generally, changed. These individuals, as the result of agencies quite beyond the reach of themselves, come into the world handicapped by a disparity between their physical and mental development. We are accustomed to speak of these people having attained such and such a mental age, which, although measured in years, does not correspond with, and is much short of, the number of years they have actually lived. For instance, we may find that the man or woman of twenty-five has a mental age of seven years, and is no more responsible than any child of seven would be. The trouble with these people is that they are, unless properly watched over, constantly getting beyond their depth and causing infinite trouble for themselves and the community of which they form a part.

Another group of socially inefficient people is the criminal group. It is only of late that we are beginning to realize that each individual who lives his life in a way opposed to the law of the land must be considered an individual problem in defective mental adjustment. Our care of criminals has been too impersonal; it has been our aim heretofore to see to it that all transgressors had to traverse the same road—a road that was reputed to lead to retribution and correct social adjustment. Now we are coming to recognize that "the offender against the laws and accepted customs of society is an individual who for some cause or causes, intrinsic as well as extrinsic, has failed to adjust himself to the demands of society." The arrest and incarceration of such individuals must no longer be considered an end, but merely a means to an end—that end being a better adjustment between the offender and society. We recognize now that, in order to arrive at a dependable conclusion in any given case, an appraisement must be made of the individual's (1) physical condition; (2) an investigation of his antecedents must be carried out; (3) we must know the conditions and influences under which he was born and developed; (4) we must know what resources he has in the way of intellect, emotions and will.

The neurotic individual is another type wherein adjustment is difficult. The position which psycho neuroses and neuroses hold on the list of human frailties is a very prominent one, and here again we must recognize the great part played by mental factors and personality defects in the genesis and development of these types of incapacity.

It may be a startling bit of information to you when we say that a large percentage of the economic failures that occur in life are due to factors very closely related to the matter of mental adjustment. We speak sympathetically of so and so having had hard luck—that he is a square peg in a round hole; whereas the reality is that so and so actually was not possessed of basic factors upon which social adjustment rests.

We have said enough, I think, to give you some idea of the vastness, the intricasies and the out-reaching nature of mental hygiene. What must be of especial interest to you, as nurses, is to know just how you, individually and collectively, may help along such important work.

The way we all think of first is, of course, the extension of your own nursing work to the service of those afflicted with mental disease, even as you have done with those who are bodily ill. It is imperative that the standard of nursing in mental disease be raised. The work is such that it calls forth the very best one has—not only manual dexterity, technical skill and theoretical knowledge, but it plumbs the very depths of tact, patience, sympathy, and, in fact, those ill-defined but potent factors that we speak of as human. Not only do we need your services in the care of patients, but in the great work of investigation and research. We must have the benefit of the observations of the nurse who, constantly with the patient, sees many things that medical men, with their periodical visits, cannot see.

Then, too, there is the broad field of social service. Nursing training provides a desirable basis for work of this kind. This is a work far-reaching in its scope, and yet intimate in its appeal—its greatness of purpose dissipates the pettiness of its routine. Social service finds abundant opportunity here in the advising and supervision of patients, the investigation of home conditions, and general co-operations with physicians and hospitals, schools and courts.

Occupational therapy, work of such great value from the therapeutic, recreational and economic standpoint, affords another opportunity for the nurse who desires specialized work.

As school and public health nurses, the opportunities for detecting at the very earliest stage those slight deviations that result in nervous children and, ultimately, neurotic adults, are great.

But, over and above all this, you, as nurses and as citizens of this country, can do much in a general way to help yourselves and the public to a better idea of what mental hygiene means.

Inform yourselves thoroughly regarding the causes of mental disease.

Help to make the facts you now possess generally known.

Speak and think of insanity as a disease and not a crime.

If relative, friend or acquaintance seems to be suffering from bad physical or mental habits, take steps to see that he is given the information you possess, and receives proper medical care without delay.

Inform yourself of the modern methods of caring for the insane, and lend your voice and influence to all projects which make for better or earlier care of those suffering from mental defect or disorder.

Help to rear in this Canada of ours a type of mental and physical life that shall be the surest safeguard against the ravages of our enemies, be they within or without. Alien enemies are those who, by their words or their actions, show clearly that their ideals are not the ideals of our country. Place of birth is only one factor in determining who shall and who shall not be classed as alien enemies. We want, and pray God we shall have, here in Canada the type of individual who, mentally and physically sound, always faces the light, and who shall bend his best efforts to achieve that which shall make us known and respected among the nations of the earth.

THE TALE OF THE YEARS

Summer and winter and spring,
Heat and cold and the rain—
This is the tale the years bring,
Blessing and bane.
Labor and reaping that's sweet,
Twilight and day and the night,
Seed and the soil and the wheat,
Darkness and light.

God made His earth for man,
Home for a little span.

Sowing and gleaning and rest,
Sorrow and mirth and a smile,
Glow in the east—in the west,
Day for a while.
Flowers to garland the earth,
Flowers to lay o'er the dead,
Tears and some sighs and some mirth,
Earth for a bed.

God gives his call to man,
After a little span.

A. McGillicuddy.

Child Welfare Work

By Mrs. Robinson

Read at the G.N.A.O. Convention, Kingston, 1919

Some forty years ago, in Paris, France, the establishment of the creche was the commencement of new interests in the lives of infants for the purpose of bettering the social conditions upon which a higher infant mortality depends.

This was felt, first, by individuals; then by municipalities, then by states and nations, and is now spread world-wide, and has finally led to such a marked advancement in sanitary and particularly in preventive medicine; but it was not until 1902 that the work on this continent was commenced systematically along the lines of bettering the social conditions among children. Up to this period the work in New York, where it was first commenced, the Department of Health confined itself almost entirely to the period of the summer months; but in 1908 the campaign against infant mortality really began, when the division of Child Hygiene of the Health Department was organized, to which all the work done by the department was entrusted. The city was divided into districts, so that all sick children could be reached; seven milk depots were opened, and talks to mothers were given, in main centres, on the subject of hygiene and the feeding of the infants. Much literature was distributed. In the year 1911 it was demonstrated, by experience and results of the previous three or four years, that the value of this work was singularly beneficial—the saving of the babies in summer. The different bodies working for child welfare and public health were federated into an "Infant Welfare Association," thus securing co-operation, preventing duplication of efforts, fixing standard methods of working and recording results. It was soon found that there was one particular class of mothers who needed further assistance in caring for babies, and those were the mothers who had to go out and work for a living, leaving older children home to look after the infant all day long, and it was impossible for the mothers to nurse their babies—thus, the feeding of the infant fell to the older children. As a remedy for this, in some measure, the "League of Little Mothers" was founded in 1911, its object being the teaching, during the summer months, the principles of infant feeding and hygiene. The talks given weekly by nurses and physicians proved very instructive to these young girls. The girls learn very easily, and readily put the idea into practice.

The essential parts of the child welfare work include:

1st—Visits by trained nurses to homes of ignorant mothers of newborn children and prospective mothers.

2nd—Extensive development of milk supply.

3rd—Extensive development of infant consultations.

4th—The federation under one organization of all the agencies engaged in the infant welfare work, as our efforts in connection with child welfare work has to include those of the following periods of age:

1st—Pre-natal;

2nd—Post-natal—

(a) Newly-born, up to 14 days;
(b) Infants up to one year;
(c) Second-year children;
(d) Pre-school age (neglected children);
(e) School age.

The pre-natal period and that period called the new-born comes under the work of the nurse, for it is she who instructs the mother in those two periods. The value of educating mothers in child hygiene is to enable them to take all necessary precautions, the result of which instruction is that disastrous consequences may be avoided. Everything must be done to combat abortion and over-work.

In France a great deal has been done for the expectant mother, both by private means, by philanthropy and also by State legislation. As early as 1846 a co-operative organization was founded among the working women, permitting them to rest and to receive an indemnity during their confinement, and, soon after, other organizations, under the patronage of Jules Simons and his co-workers, came into existence.

A complete system of insurance in several countries, which provides for the expectant mother, so that they get a weekly allowance, enabling them to remain home from work previous to and after confinement, is proving of great benefit.

France long since arranged legally that "Chambres d'Allartement" (rest rooms) should be provided for working mothers, where they are allowed to go to nurse their babies during working hours. This is done for the purpose of encouraging breast-feeding—the only proper feeding for infants. This is our one and foremost desire in welfare work. God and nature intended that all babies should be breast-fed, and made provision for it in the creation of woman, and expected this ordered provision should be utilized.

Looking into conditions in our country, Dr. Alan Browne, of Toronto, in 1916 conducted an investigation to ascertain the present status of maternal nursing in that city, and the results obtained may be applied to the Dominion at large. The conclusions of the report were, briefly:

1st—That Canadian mothers nurse their infants less than either United States or foreign mothers.

2nd—The well-to-do of that city (Toronto) nurse less than the mothers of the poorer classes.

3rd—That maternal nursing is less to-day than it was twenty or thirty years ago, but, in view of recent enlightenment, is certainly on the increase.

The British Government report on infant mortality, in its final summary, states that the abandonment of breast-feeding, without adequate cause, is a most important factor of excessive infant mortality. The conclusion is, therefore, obvious that this method of feeding is the most potent single factor influencing the fate of the new-born child.

As an instance of progress made along this line, we quote from a report of the child welfare work in Kingston, where a clinic was opened in July, 1918, and the infant mortality decreased from 17 per cent. in 1917 to 13 per cent. in 1918. It was considered that this decrease was due to the influence of the clinic. During the first six months the attendance has been more than satisfactory, showing visits numbering over 500. These include pre-natal, etc.; almost 200 different babies have been brought to the clinic, and so far there has been a marked improvement in every child, and no deaths.

The child welfare work in Kingston is done under the local branch of the Victorian Order of Nurses, with a committee of twenty women, and, with the assistance of the late Senator Richardson, has successfully financed this part of the V.O.N. work. This is mentioned as the only city in Canada where the child welfare work is financed by an organization of women. As we have watched the steady usefulness and far-reaching good from week to week with pride and happiness, we trust that public opinion and zeal for the rights of the helpless child may gain from governments and municipalities public and practical support for a child welfare clinic in every city in Canada, realizing that the main foundation of the State and all true reform must begin with the child.

FIELD SPARROW

One syllable, clear and soft
As a raindrop's silvery patter.
Or a tinkling fairy-bell, heard aloft
In the midst of the merry chatter
Of robin and linnet and wren and jay—
One syllable oft repeated:
He has but a word to say,
And of that he will not be cheated.

LUCY LARCOM.

"Canada Product" will be a guarantee of high level of excellence if the Canadian Trade Commission can effect it.

In the year before the war Germany sold goods valued at $835,000,000 to the British Empire. Canada's opportunity to get a large share of this is waiting for Canada's action—that is the opinion of the Canadian Trade Commission.

President's Address, C.N.A.T.N. Convention

Miss Jean Gunn

I do not feel this morning that I can claim such a formal subject as an address; but there are a few things I would like to speak of to the members before we proceed with our business in this convention.

This is the eighth annual convention of this association. The first one I attended was held in Halifax in 1914, and that was just before the war was declared. We decided at that meeting in Halifax to come the next year to Vancouver—that would be in 1915; but, owing to the war conditions that arose, that convention was postponed, and we have been looking forward ever since to coming to Vancouver, and have not succeeded in getting here until this year. It seems particularly appropriate, in a way, that we should be in Vancouver this year. We were on the Atlantic Coast the year war was declared, and we are now on the Pacific Coast the year that peace is signed. In the meantime we have been struggling along between the two seaboards.

I think that everyone here realizes the great change that has taken place in our national life during the last five years — not only in our nursing work, but in our national life as a whole. We looked forward, I think, during the war, to the end of the war with a feeling that, with it, our troubles would cease. Instead of that I think we all realized that, with the end of the war, we are assuming a great many more responsibilities than we had during the period of the war, so that our long-looked-for rest has not come yet. I am quite sure that everyone has noticed in her own community the great interest that is being taken by the public in public health work. That, of course, is one of the direct results of the war, and one of the good results of the war. The war has brought good results and bad results, and I think this newly-awakened public interest in public health work is one of the very best outcomes of the war. The public have learned to think along national lines during the war and have learned to value the life of the nation. One of the causes of this, I think, is the loss of our men in France. While we have no actual statistics of the number of men we lost in France, perhaps, compared with those lost in other countries, it would appear small; but, compared to our population, it is a very serious loss to the nation, particularly when one considers that it is our young men, practically speaking, who have given up their lives for their country, and that asset is lost for all time to the Dominion. Naturally, then, public interest turns to our coming men and women—our children. At the National Council meeting this year there was the greatest interest taken by the members from all parts of Canada in the child welfare movement. The feeling was that that was the one thing to which we should give our attention in the near future—to conserve the child life, to try to a certain extent to make up this loss we have suffered. I

think the public at the present time is considering the child a great deal more seriously than ever before, and that will bring good results. Then, I think, the recent epidemic—if there were very many people in Canada who were not thinking along public health lines before the recent epidemic, I am quite sure during the epidemic there were a great many converts of people who were indifferent before, and they are now very much interested in public health. I think one drawback to the progress of nursing in Canada, and every other country, is the indifference on the part of the public. When they have illness they want a nurse. They have never been particularly interested as to where that nurse came from, how she was trained, or what her living conditions were, etc. Now the whole attention has been turned to the nursing conditions of our country, and the public begins to realize that we need a great many reforms; and I think that the reforms we may have in nursing during the next few years is a direct result of that epidemic. It has made people realize the value of nursing and the need of nursing, and the need of some national effort to bring the nursing personnel of our country into some sort of an organization that can meet just such an emergency as the recent epidemic.

This question of meeting future emergencies is one of the very serious questions that we have to consider during this convention. I do not need to dwell upon it here, because it will come up for discussion later on.

Another thing that the war has brought to us, which will interest us particularly as nurses, is the intelligent interest of the public in our immigration laws. We, as nurses, and particularly those who have been doing public health work, get very familiar with the results of the faulty immigration laws we have had in our country, and we have this national movement now as to the mentally deficient, and the statistics that are being compiled by that organization show some very great need for a different system of immigration; and that has been an outcome of the war; so that, in the future, when the immigration laws are revised, a great deal more care will be taken in the type of person who is being admitted to Canada, particularly from the mental standpoint, and the standpoint of public health.

This question of immigration is one that is causing a great deal of interest between the Canadian Government and the Government of Great Britain. Before the war, apparently, there was not very much intelligent co-operation between the two countries. Canada decided whom she would admit, and Great Britain, to a certain extent, was very glad to get rid of the undesirable citizen; and Canada opened her doors, and they came in. That practically was the situation. However, the two governments now are working more closely together in an effort to find out the type of citizen that would be of the most use to this country, and Great Britain will take care of her undesirables. The British Government has sent out two representatives to Canada to look into the question of immigration. You have probably read about it in the

press. Miss Girdler and Miss Pott have been sent out to look into this question, to inquire into the conditions, the type of women labor we need, in an effort to co-operate with the immigration authorities of both countries, so that Great Britain will send out the type of citizen that will be of most value to us. They are discussing the domestic problem, and we have to look to Great Britain very largely in the near future for help along the domestic line. They have decided that it is undesirable to proceed as they have in the past, bringing in women to do domestic work and forsaking them, as it were, when they arrived at the port of entry in Canada. The present plan is, if it is worked out, to establish hostels throughout Canada, where these people can be housed and taken care of upon their arrival. In this home they will have a course of domestic training—perhaps six weeks or two months—that has not been mapped out yet, but at the end of that time they will know a little about Canadian conditions and have some idea about the work they are expected to do; and that is one of the plans as to bringing out domestic help. It remains to be seen whether it will be carried out or not. I saw Miss Girdler in Regina, and she may be able to be here some time during our convention. If she is, she will be good enough to speak on her work; and I am sure it will be most interesting, particularly along the line of women help.

Another movement, in which we as nurses are asked to help, is the movement of teaching citizenship to our foreign population, and also to our Canadian population. I think that we feel, when we speak of teaching citizenship, that we mean the foreign population; but, if the statistics were really known, perhaps the foreign population are better than some of our Canadian born, so this movement which is on foot needs to take in all our young people, whether Canadian born or foreign born, and teach them all to be citizens. That is another outcome of the war. It was surprising, when the war started, to know how little our men knew about citizenship—and this is another good result of the war.

All these questions are of interest to us; and in all these problems we, as a national organization, are asked to co-operate and help in the working out of plans, and, being a national organization of nurses, we have to work from a national standpoint, to take our place with other national organizations who are all working for the good of the community. I do not think, as a nursing organization, that we can confine our efforts to nursing. I think that has been one of the drawbacks in our profession—we have not mixed enough in the community life. The local organizations of nurses throughout the country, during the period of reconstruction, should co-operate with local organizations. Our national body should co-operate nationally with other national organizations. We have to learn to take a broader viewpoint, I think, than we have in the past.

I do not think, in the history of the association, we have had such important subjects to deal with as we have during this convention. We

have, first of all, to decide on a policy that the nurses have to advise in the drafting of the national policy for public health work, and this is one of the greatest responsibilities we have ever had. We may spend a lot of time on this, we may make a good many suggestions; but that does not say they are going to be adopted. We will submit our plan with all the other national bodies, all of which are working along the same line, and we will have to be satisfied to have our plan fitted in with whatever national scheme all the organizations agree upon. This organization will have its opportunity of deciding with the rest, and of entering protests or advising; but we must be prepared in this national policy to give and take to a certain extent, and to be satisfied with whatever findings are decided upon by the collection of organizations. These organizations that are trying to draft this public health scheme are looking to us, as a national nurses' organization, for a great deal of assistance, and we must in this convention be prepared to decide on what our attitude will be and to be in a position to give that assistance in a positive way—not indefinitely, but to state our ideas definitely and to give due assistance.

Then, leaving the problems of the country at large, we come back to our own nursing problems. We have to consider the eight-hour day for nurses. It is just as well, you know, to be a little ahead of the time; and the time is coming—it has been felt in one province—when nurses must have an eight-hour day. If we, as nurses, do not make that possible and work along that line, the first thing we know it will be taken entirely out of our hands, and, instead of being worked out along professional lines, it will be placed under the authority of labor laws, and that is one thing we have to bear in mind. It is much more graceful to do a thing before you have to do it, for one thing, and much more desirable to have our professional matters settled in the profession than to have them taken up by the Labor Party.

Another question we have to decide at this convention is repatriation of our women nurses, which will be discussed later.

Another—perhaps the most important in the immediate future—is the supply of nursing personnel to fit in with the national scheme for public health work; for, whatever scheme is worked out in this national welfare plan, we, as a nursing organization, have to supply the nursing personnel. That is our direct contribution to that plan, and we have to face that problem.

This year, 1919, seems to be a year for action. It is a year when a great deal will have to be left to the executive committee of your association. Scattered, as we are, all over the country, it is impossible to communicate with every affiliated society about every action that is taken along the line of reconstruction, and you must be prepared to leave a great deal to your executive this coming year, with authority to carry out your wishes. That is one reason why in this convention your wishes should be very clearly stated, so that the executive of the asso-

ciation will have some definite plan on which to work to carry out your wishes.

The work of the past year has been carried on with a great deal of difficulty. You all went through the influenza epidemic. During that time we thought of nothing else. Then we have the labor unrest; we have had all the unsettled mail conditions, when we were not in a position for some time to communicate with the secretary and the convener of the programme committee, who were in Winnipeg and isolated from the rest of Canada. It was impossible to get a telegram out of Winnipeg, and that was just when we were making the plans for the convention; so the work has been carried on under great difficulty. I think we owe a great deal of thanks to Miss Johns, our secretary, for the way in which she has carried out the work of the organization under all these difficulties she has had in her own hospital and in her own work.

I would like to say also that Miss Davidson, the treasurer, has been an invaluable member of the executive. I cannot say too much of Miss Davidson's work. I am sorry that she took up nursing, in a way. I think she should have been a financier and, perhaps, at the head of some of our banking houses, because she seems to have a wonderful business ability, and I think the association is most fortunate in having had her services for the past year.

The different committees have all worked, and will present their reports.

There is just one point I would like to speak about, and that is, I think, we haven't close enough co-operation between the affiliated organizations and the national body. I think there is fault, perhaps, on both sides. I think that if each one of you who is a delegate from an affiliated organization will remember how difficult it is for the national secretary to keep in touch with the whole of Canada, you would perhaps be more interested in keeping her informed of any movements in your community. I think some things sort of happen gradually in a community and you do not think much about it, but it is of the greatest interest to the other provinces and to the other associations; and if we could have a little more friendly co-operation between the affiliated societies and the national secretary, it would be of the greatest benefit to all.

I want to thank you for the privilege of being your president during this last year, and apologize for a great many shortcomings that I have personally had, and also to ask for any criticism of the work of the executive committee that you may have to offer, and any suggestions for the future. I am sure the new executive would be very grateful for any suggestions that can be handed down as to the working out of the year's work.

I should like to say just a word for all the members as to the hospitality of the British Columbia nurses. The difficulty in this con-

vention is not how we are going to amuse ourselves between sessions, but how to know in what way we are going to get the business done. That speaks for itself. We have had so far every convenience for our comfort, we have had a very pleasant meeting room, and we are very grateful for the efforts of the British Columbia nurses. Any one of you who has been in a community where we have had a national convention will know the work that it entails, and we, as delegates, on arriving here, didn't see this machinery moving, and we just slipped into place. We have had no disturbances, and everything has run along on oiled wheels—and there is a great deal of work behind that. Things do not go along on oiled wheels without a great deal of effort beforehand and during the time, and we are very grateful to the British Columbia nurses for that contribution.

I do not think I have anything further to say, except that we are here on very serious business, and I think that every member of the association should be willing to give her contribution to the discussion. I think a great many of you feel you are not accustomed to speaking, but none of us are accustomed to speaking, and everyone here has some contribution to give us; and I hope each one will feel that it is not only her privilege, but her duty to do so, in this time of serious reconstruction that we have to face.

I thank you very much for your attention during this long speech, and thank you once more for the privilege of allowing me to be your president for the past year.

An Interesting Case of Exophthalmic Goiter

How Cure Was Effected by Operation and How Operation Was Effected by Administration of Rectal Anaesthesia

By Mary A. Catton, General Protestant Hospital, Ottawa

The patient—Female, 37 years of age; admitted to public ward of the Protestant General Hospital on the 21st day of October, 1918.

Diagnosis — Exophthalmic goiter. Goiter not noticeably large. Ophthalmic prominence quite marked. Vocal cords not congested, move freely, but voice husky. Temperature on admission, 99; pulse, 130; respiration, 24.

Behavior—Very talkative, excitable, restless, noisy, destructive; extremely irrational at times, threatening to kill nurses and patients. Patient seemed to dwell considerably on the idea that she was being persecuted by her stepmother. These violently irrational moods occurred intermittently with extremely quiet moods. At times the patient was too excitable to articulate clearly. She was usually conscious of her

surroundings and of those around her. Memory of past events seemed clear. Responded readily to sympathy. Always anxious to impart her troubles, imaginary or real, to others.

Treatment consisted of occasional catharsis (mist. pect.), occasional hypnotics, nerve sedatives.

The patient gave a general impression of insanity, and papers had been made out for her admission to a hospital for mental cases. In spite of contrary opinion, Dr. Clarence H. Brown, the attending surgeon, was convinced of the idea that an operation would effect a curé, and on November 25th, 1918, an attempt was made, but determined opposition and excitement on the part of the patient made anaesthesia impossible. However, on December 14th, 1918, the second attempt was made with success.

As a means to an end, two mornings previous to operation, the patient was given a tap water enema and a hypodermic injection of sterile water at 7 o'clock.

On the morning of operation, preliminary to administering the rectal anaesthesia, a tap water enema was given, as had been done the two previous mornings, at seven o'clock. Then at 7.40 a.m. Paraldehyde drams ii was given—this as a sedative to rectal anaesthesia to avoid irritation, and aid retention. At 8.05 a.m. Morphine gr. 1/6 and Atropine gr. 1/150 was given hypodermically. At 8.20 a.m. the anaesthetic was given per rectum very slowly at the rate of one fluid ounce per minute. The anaesthetic consisted of olive oil ounces ii, ether ounces iii. One fluid ounce of the mixture is allowed for every twenty pounds of body weight of the patient. The operation commenced at 8.30 a.m. and consisted of the removal of the right and part of the left lobe of the thyroid glands, and ligating of the left superior thyroid artery.

Immediately after operation the bowel was irrigated to remove the remains of the anaesthetic, after which rectal injection was given, consisting of four ounces of castor oil.

During anaesthesia the patient appeared to be in a mild sleep. There was no nausea, and the color remained good. Odor of ether was noticeable on the patient's breath three minutes after injection of the anaesthetic. A towel was placed over the patient's face in order to promote inhalation of the expired ether. The eye reflexes remained normal throughout. The blood pressure rose to 170° during operation.

The contra indication of rectal anaesthesia is colitis, which may be counteracted by the injection of castor oil per rectum.

On recovery from anaesthesia, and until discharged from hospital one month later, the patient was entirely free from any of the former mental and lesser nervous symptoms. Recovery was steady, and the patient cheerful and happy throughout, until she was discharged from the hospital on January 16th, 1919.

Reviving the Apparently Drowned

By Leonhard Felix Fuld, LL.M., Ph.D.

Assistant Chief Examiner, Municipal Civil Service Comm., New York
Member, American Academy Physical Education

What would you do if your friend were brought out of the water in an unconscious condition?

Send someone for a doctor at once.

While waiting for the doctor, you must help your friend.

Every minute is valuable.

Figure One

Lay your friend on her back.
Loosen her clothing at the neck and at the waist.
Open her blouse and expose her chest to the air.
Slap her chest vigorously with your open hand.
Give her plenty of fresh air.
Keep everyone away from her.
This treatment will often restore consciousness.
If it does not have this effect, proceed as shown on following cards.

Figure Two

Turn your friend over on her face.
Place a roll of carpet or clothing under her stomach.
Put a pencil or bit of wood between her teeth.
Turn her head to one side.
Bend over her, placing one foot on each side. Kneel on one knee.
Place your hands on her back at the level of the waist.
Exert a firm pressure with your fingers at the small of her back.
Relax and rest a moment.
Repeat the pressure and the relaxation until no more water flows from your friend's mouth.

Figure Three

Turn your friend over on her back again.
Pull out her tongue and tie a handkerchief under her chin and over her head to keep it out.
Kneel over your friend again.
Grasp each of her arms with your hands, holding them firmly below the elbow.

Figure Four

Rise to your feet.

Lift your friend's arms above her head until they lie parallel on the floor above her head. This movement will cause your friend to draw air into her lungs.

Figure Five

Kneel over your friend again.

Lower her arms to her chest.

Exert a firm pressure inward and upward on her ribs.

This movement will force the air out of your friend's lungs.

Continue to lift your friend's arms above her head and to press upon her ribs until you have restored natural breathing.

Don't give up. Hours of effort may be needed.

Continue until the doctor arrives, unless you have succeeded in establishing natural breathing sooner.

Figure Six

As soon as your friend breathes naturally, begin to rub her arms and her legs. This will stimulate the circulation.

Figure Seven

Also cover your friend's feet and stomach with extra clothing or blankets to keep her warm. Put warm cloths under her arm-pits.

Give your friend a warm drink.

McGill University (Montreal) Post-Graduate Course for Nurses

By MABEL HERSEY, Montreal

Read at Joint Meeting Nurses' Convention, July, 1919

1—OBJECTS:

(a) To provide training for administrative and teaching positions:
(b) To provide training for public health and social nursing.

2—PRELIMINARY REQUIREMENTS:

(a) Four years high school certificate;
(b) Three years nursing school certificate;
(c) Recommendation from matron of nursing school as to fitness for such course.

3—DURATION OF COURSE:

Two years of thirty weeks each. The first year may be taken alone, credit being given, and the second taken within five years. If both are passed successfully, certificate is then given.

Each year must contain thirty points.

One point = one hour a week class work or two hours a week laboratory work for one-half year or fifteen weeks.

4—COURSES:

(1) Teaching of Nursing: This course is designed to prepare qualified nurses for positions as teachers and supervisors in schools of nursing.

(2) Institutional Administration: This course is designed to prepare qualified nurses for positions as superintendents in schools of nursing.

(3) Public Health and School Nursing: This course is designed to prepare graduate nurses for positions as school nurses, assistants in medical inspection, as sanitary inspectors, factory welfare workers, social service nurses, or board of health inspectors.

(4) Education and Supervision in Public Health and School Nursing: This course is designed to prepare qualified nurses for positions as superintendents, teachers, and supervisors of those branches mentioned in (c).

It would seem apparent that courses (1) and (3) are more or less preparatory for courses (2) and (4). The responsibility to be assumed by superintendents of hospitals, or supervisors of social nursing, or public health, is greater than that of teachers of nursing or social and public health nurses. Therefore, arrangements might be made for the first year to cover the study of courses (1) or (3), and the second year to cover courses (2) or (4).

In the attached table a skeleton of the proposed courses is outlined. Each course is arranged to cover one year of thirty weeks.

Subjects or Courses of Study	Course 1 1st Yr. Points	Course 2 1st Yr. Points	Course 3 1st Yr. Points	Course 4 1st Yr. Points
Educational Psychology	4	..	..	4
History of Education and Principle of Teaching	4	..	..	4
Teaching in Schools of Nursing	2	..	..	..
Administration in Schools of Nursing	..	4	..	..
History of Nursing, etc.	4	..	4	..
Hospital Organization and Administration	..	4	..	4
Sanitary Hygiene	..	2	2	..
Preventive Medicine	..	2	2	..
Institution Planning	..	2	..	..
Modern Social Problems and Social Legislation	..	4	4	..
Teaching of Nursing Principles and Methods	2	..	..	2
Teaching Practice	2	..	..	2
Supervision in Hospitals and Training Schools	..	2	..	..
Principles of Public Health Nursing	..	..	2	..
Fields of Public Health Nursing	..	..	2	..
Medical Inspection and School Nursing	..	..	2	..
Industrial Hygiene	..	..	2	..
Home Economics	..	..	2	..
Principle of Social Work	..	..	2	..
Teaching of Health Principles	..	..	..	2
Organization and Supervision in Public Health Nursing	..	..	..	2
Health Administration	..	..	..	2
Elements of Chemistry	2	..	..	..
Applied Biology and Anatomy	4	..	..	..
Bacteriology	2	..	..	..
Sanitary Science	2	..	2	..
	28	*20	28	*22

*Note:—Additional time should be occupied in practical work of supervision in hospitals, social service work, public health, or school nursing, etc., as the course would seem to indicate.

The Canadian Trade Commission literally "observe mankind from China to Peru." Recent enquiries about Canadian trade openings were received by the Commission in the same mail from Shanghai and Lima.

The Sister

There are three doors always open in a hospital—and through them, in the desolate lands, the stream flows ceaselessly. The first leads to Blighty, and through it the soldiers pass with faces transfigured. At the end of that road there is the welcome of love and the shouting of those that rejoice. The second door leads back to the trenches and the mud-filled craters, and through it the men pass with grim faces. They know what it means, and those who go to torture cannot be expected to laugh. The third door leads to eternity, and through it men pass, oft unconsciously, oft thankfully, but never rebelliously. But, whatever the door, there the Sister stands, ministering to the last and waving farewell. If there is ever a smile on her lips there is a sob in her heart. She says farewell every day; and the farewell is, almost always, for ever.

I.

When the door of the ward swung open, and the Sister came in and smiled, it was as when a fresh breeze suddenly arises on a stifling day, bringing healing on its wings; for she radiated vitality. The pain-worn saw her come, and basked a moment in her smile, and felt that life was good and worth fighting for. You know what it is when an audience is bored, how the crowd becomes so many isolated units overwhelmed by weariness, captured by stupor. But let a speaker with magnetism arise, and he can weld them into one glowing mass, weeping or laughing at his will. That was the miracle the Sister wrought every morning. A wave of new life went up the ward at the moving of her feet, and jaded hearts felt the breath of the spring. A cool hand on a hot brow; a touch to the creased pillow; a tug to the coverlet; a soft pat to the tired feet; a word of cheer—what a difference things so very small can make! "Thank you, my dear," said the General, when his pillows were set aright and his world of the counterpane smoothed out; "thank you, my dear; you have no idea how much good you have done me." But only a General could speak so! The rest could only say: "Thank you, Sister." The things the Sister did were sometimes small—so small that one wondered at the great effect. But one ceased to wonder at small things yielding so great a harvest when one realized that it was not the things she did, but the spirit of which these were but the expression, that wrought the healing and the comfort. And that spirit was the spirit of a love that never grew weary and never failed. The fountains of that love are ever full to overflowing, for the showers that fill them are from above.

The Sister was very human in that she lingered longer at some beds than at others. One of these was that of the blinded soldier. I have seen the Sister, with transfigured face, watch a sunset. Because she felt the beauty of the world, she had a special tenderness for the

men who would never again see the sun go down swimming in glory. I saw her face when she turned away after reading to the blind man his wife's letter. "I will be to you as eyes," wrote the wife . . . . and the Sister read bravely on. But when she turned away her eyes were moist with unshed tears. When he went out at last by the door that opens on Blighty, the Sister's words were those of a mother sending forth her son to victory. But she waved no farewell. In that realm of endless night neither hands or banners wave.

II.

To those who go forth by the door that leads to the battle-line once more, the Sister speaks the words that would cheer. She knows what they are going back to meet and to endure. Again and again the pallid lips have told her what the hail of death means. She has heard the screaming of the sleepers who dream of the past . . . . and that cry out of sleep has become for her the measure of their woe. But it is not of that she speaks. It is rather of home; of the day when war shall cease and the great Army goes home; of the joy of mother or wife or sweetheart; of the splendid new world that is to arise out of the wreckage of the old; of the golden, golden days that are coming so soon . . . .

"I have had wonderful luck," said the boy; "I have been wounded three times; but the chances are not so good now."

"How so?" asked the Sister, beaming on him.

"Because bad luck is bound to come after good," went on the boy; "there is a law of average."

"Good luck will follow you all through," encouraged the Sister.

"Do you know, Sister, the best good luck that could come to me? It would be to come back again to this ward—and to you."

And he went out by the door that leads to the roaring of the guns. But there was no smile in the Sister's eyes as she turned from the door.

III.

The bloodless face lay very still on the white pillow, and the eyes were closed.

"How are you?" said the Padre softly, knowing the end of the journey was near.

"I am all right," answered the feeble voice, while the eyes looked unseeing.

"Oh! you fibber" exclaimed the Sister in tones that were as a caress; "you know that you are not all right!"

The eyes of the boy turned to her, and in their depths a light suddenly gleamed and then faded as quickly.

"Yes, Sister," he said, "I am all right."

And the Padre spoke the words of eternal hope; but it was to the Sister that the eyes turned. For she is Eternal Hope—the love that never despairs. And as the last mist fell and the hand groped until it rested in hers, through the haze her face was the face of the mother, and the beloved; and at last the face of the Angel of Victory and Peace.

Thus the Sister, in her quenchless love, lights a candle in the midst of death's darkness. For love ever swallows up death in victory.

* * *

A famous novelist, musing in the darkness of the men who have gone down into the reeking hell of war that we might live, exclaimed at last: "Our sons who have shown us God." But there is a saying greater than that. It is this: "Our Sisters who have shown us God. . . ."

REV. NORMAN MACLEAN in the *Scotsman*.

TO A CHILD WHO INQUIRES

How did you come to me, my sweet?
From the land that no one knows?
Did Mr. Stork bring you here on his wings?
Were you born in the heart of a rose?

Did an Angel fly with you down from the sky?
Were you found in the gooseberry patch?
Did a fairy bring you from Fairyland
To my door that was left on the latch?

No. My darling was born of a wonderful love,
A love that was daddy's and mine:
A love that was human, but deep and profound,
A love that was almost Divine.

Do you remember, sweetheart, when we went to the Zoo
And we saw that bear with a grouch?
And the tigers and lions, and that tall kangaroo
Who carried her babes in a pouch?

Do you remember? I told you she kept them there, safe
From the cold and the wind, 'till they grew
Big enough to take care of themselves? Well, dear heart,
That's just how I first cared for you.

I carried you under my heart, my sweet,
And shielded you safe from alarms,
Till one wonderful day Our Lady looked down,
And my darling lay in my arms.

OLGA PETROVA.

Editorial

One of the large questions that was taken up at the late convention of the C.N.A.T.N. was the fact that we, in Canada, have no body of trained nurses who can be mobilized and sent to any part of our country for special needs, such as epidemics, catastrophes and all large emergencies which cannot be handled locally. This question has been brought up before, and referred to in the editorial columns; but now it appears that something definite will come of the recognized need. The committee for that purpose is working hard to have the complete scheme ready to present to the next general meeting of the Canadian Red Cross, with whom we hope to make satisfactory arrangements. The crucial point must be service where needed, and, under professional supervision, the whole department being controlled by graduate nurses only, thus doing away with what has been found to be a mistake in other countries—lay control of nursing in war or emergencies. The meeting is, we understand, to take place in Winnipeg next month, and soon a settled policy may be announced. In the meantime, the possibility of another winter's epidemic is feared by all, and we must not wait till the siege is upon us, nor for the findings of the joint committee to be worked out. Would it not be well, in all communities, to divide the population into districts, and then arrange, through the nurses' associations, to have a volunteer corps of trained nurses ready to be placed wherever needed? By taking the thing in time, untrained volunteers might be prepared by classes, so that conditions may never get to the point where we all feel as helpless in the terrific need as we did last year.

* * * *

At the convention it was decided that hospitals, missions, foreign and domestic, special posts requiring special qualifications, should make of this magazine a clearing house to get in touch with those women who have some special talent or qualification who otherwise might be lost sight of, and the post remain unfilled. Special knowledge of languages, desire for mission work, etc., are assets, and will be an advantage to both institutions and nurses to have a definite place to look for information. A small charge of one dollar will be made, and a special position in the magazine will be set apart as soon as the need for it is shown. Three months' insertion will be given, and the magazine requests the courtesy of an immediate notification if the want is filled.

That Canadian cheese may go to Europe via United States ports, classed as American produce, unless our producers awake, is the information in the possession of the Canadian Trade Commission.

Victorian Order of Nurses

A Post Graduate Course of four months in District and Public Health Nursing for graduate nurses is given at the training centres of the Order, namely: Ottawa, Montreal, Toronto and Vancouver.

Salaries during the course and good openings after successful termination.

For full information, apply to the Chief Superintendent, Room 4, Holbrook Chambers, 104 Sparks Street, Ottawa, Ont.

TRIBUTE TO MISS DELANO

A memorial service was held at Tremont Temple in Boston on May 15th, by the New England Division of the Red Cross and the Massachusetts State Nurses' Association, in honor of Miss Jane A. Delano, who died at Base Hospital No. 69, at Savenay, France, on April 15th, after serving as director-general of the department of nursing of the American Red Cross. There were fifteen hundred nurses in the audience, including the nurses of the Instructive District Nursing Association and nurses from the Boston City Hospital, Camp Devens, Base Hospital No. 10, at Parker Hill, the Massachusetts General Hospital, the Homeopathic Hospital, the New England Hospital, the Marine Hospital at Chelsea, the Norfolk Hospital, and the Winchester Hospital. Many officers and privates who served overseas also attended the service. James Jackson, Reverend Sherrard Billings, Dr. Joel E. Goldthwait, and Miss Mary M. Riddle paid tribute to the life and work of Miss Delano. A posthumous award of the Distinguished Service Cross was made recently to Miss Delano and received by Dr. Livingston Farrand on behalf of the American Red Cross.—*Boston Medical and Surgical Journal.*

The Trade Commission is taking up a policy which may be stated as follows: First, to encourage consumption in Canada of Canadian produce to a much greater extent; second, to increase the exports, particularly of manufactured articles.

The Canadian Trade Commission is informed that catalogues from English manufacturers sent to Spain before the war were frequently taken to the nearest German house. The German naturally said: "I can do better for you," and got the order. Canadian exporters must see to correspondence in foreign languages.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Fairley, Alexandra Hospital, Montreal.
Second Vice-President—Miss Dunlop, 209 Stanley Street.
Secretary-Treasurer—Miss S. Wilson, 638-a Dorchester St., West.
Registrar—Mrs. Burch, 175 Mansfield Street.
Reading Room—The Club Room, 638a Dorchester Street West.

Miss Giffen sailed on the 11th of July for a holiday in Scotland.

Miss Donald, late lady superintendent of Gartlock Sanatorium, was at the Windsor for a few days in June. She sailed on the Scotian for Scotland on June 28th. Miss Fairley, late superintendent of the Alexandra Hospital, sailed with her for a holiday in Scotland.

Miss Wilson, secretary-treasurer of the C.N.A., is enjoying a holiday in St. John, N.B.

Miss Armstrong and Miss Forbes are doing transport duty at present.

Miss Prescott, Miss Buck, Mrs. Pollock, Miss Davies, Miss Birch, Miss Davidson and Miss Elizabeth McLeod attended the convention of the C.N.A.N.E. held in Vancouver, June 30th to July 5th.

Extremes meet in the types of samples of goods for the Roumanian Government sent for the Canadian Trade Commission's inspection. A few are perfect; many are slovenly and unattractive.

Nathan Littauer Hospital School of Nursing

NATHAN LITTAUER HOSPITAL SCHOOL OF NURSING (Registered) offers a complete general course of three years, with last six months given for specializing in any branch of the work chosen by the student.

Educational requirements, one year of High School or its equivalent. Classes from April and September.

For particulars, address Superintendent, Gloversville, N.Y.

News from The Medical World

By Elizabeth Robinson Scovil

Poisoning by Camphorated Oil

Twenty children in an institution were given camphorated oil by mistake for castor oil. The dose varied, as the children were from four to ten years of age. The symptoms in some of the cases were very severe, rigidity, unconsciousness and titanic contractions. Mustard water was given until vomiting was induced, and those more severely affected were immersed in hot mustard water, and, when relaxed, given it as an emetic. One child remained comatose for twenty hours. All recovered.

Relief of Pain in Arthritis Deformans

It is stated that radium emanation is of value in relieving pain in chronic muscle and joint rheumatism and in arthritis deformans, as well as many other painful conditions. Many of the leading chemists, who prepare new and non-official remedies, can supply it.

Chenopodium Poisoning

Chenopodium, American worm-seed, is used as a vermifuge. Three cases of serious poisoning have been reported. The children were between two and seven years of age. Two of them died. The doses were thought to be too large. Castor oil should be given after it and a thorough result obtained.

Buttermilk in Infant Feeding

A Kentucky physician says he has found buttermilk of great value as a food for babies during acute illness. It has the advantage of not forming large tough curds in the stomach, as is the case with fresh milk. The casein in buttermilk is a lactate of casein, and the rennet of the stomach does not act on it to coagulate it into curds.

Uterine Hemorrhage

In a discussion on radium therapy for uterine hemorrhage, it was stated that uterine hemorrhage from a woman, especially at the menopause, is a matter of grave consideration. Every case should be investigated thoroughly, and women should be taught that any hemorrhage—any excessive menstration occurring at this period of life—should receive serious attention. They are often attributed to the menopause; whereas, they may be due to an important pathological condition, which should have immediate treatment.

Outbreak of Rabies

Rabies has reappeared in England after having been stamped out by the enforced muzzling of all dogs in the affected areas. Not a case has been known for twenty years. It is supposed that it was re-introduced by soldiers bringing in dogs from the Continent. The number of verified cases so far is 156. The muzzling ordinance is again in force.

The Control of Malaria

The Rockefeller Foundation reports experiments in four methods of lessening the occurrence of malaria: First, by sterilizing the human carriers; second, by thoroughly screening houses in mosquito-infected districts. The cost was found to average $15.00 a house, about $1.75 for each inhabitant. "A yard of screen in the window is better than a yard of crepe on the door." Third, by administering quinine, in 5-grain doses, morning and night, for two successive days each week to every person in the community. This cost 57 cents for each individual and was found successful to a great extent. Fourth, eliminating the breeding places of mosquitoes by drainage and other modern anti-mosquito methods.

Alopecia After Influenza

Loss of hair has followed many cases of influenza, especially those that were particularly severe. A writer in a medical journal says of the treatment that the patient must be put in good physical condition and assured that the prognosis is good. The scalp must be cleaned of dandruff by means of a sulphur ointment. Sufficient vegetable oil must be used to keep the hair glossy by wetting slightly a cloth with the oil and then rubbing it over separate strands of hair. After the dandruff is removed a dram of salicylic acid to six ounces of alcohol, or bay rum, should be used as a stimulating lotion. A light hat should be worn, not to interfere with circulation and ventilation.

Hand-Borne Infection

A leading medical journal in an editorial on this subject recounts some of the ways in which infection may be transmitted by means of the hands. Objects touched by fingers just moistened with saliva are common: telephone directories, the leaves turned with moistened thumbs; street car transfers; hands that have received droplets of a cough, and many others. Hand-washing before meals is a safeguard. The swallowing of germs from one's own soiled hands is avoidable. Children should be carefully trained in this observance.

Trade opportunities offered the overseas Dominions are varied and alluring, and the Canadian Trade Commission insists again and again that a far larger share of the Dominion's financial burden could be borne by manufacturers if they would group themselves to secure this trade.

Public Health Nursing Department

Conducted by the Committee on Public Health Nursing of the C. N. A.
Under the Convener on Public Health Nursing

A notification of examination of child at school brought the following reply:

"Miss ——: I kept Fred at home on account of this so-called 'physical examination.' He has been subject to this ridiculous farce on two occasions, and I consider it quite unnecessary. I am a graduate nurse myself, and, when I think Fred needs medical attention, he will receive it at the hands of a competent doctor. Yours truly, ——."

Oral hygiene talks had been given by the school dentists in each classroom, tooth-brushes and tooth-paste were available at cost price in the nurse's office, and prophylaxis treatment had been given to the children when requested by the parents. These stories indicate the rsult:

At —— school, the dentist asked little boy if he had a tooth-brush. The child replied: "I did have one, but it got too small, so I gave it to my bruvver."

At —— school, a child, when told by the dentist that he should not use his mother's tooth-brush, replied that she didn't put it in her mouth, as her teeth were false.

At —— school, from mother on consent card: "Yes, go ahead and clean them; I guess it can't do no harm."

The dentist had been busy all morning in the school demonstrating the tooth-brush drill. Fred went home, filled with good intentions, and, after faithfully brushing his teeth for several minutes, exclaimed: "Mother, the dentist told us that clean teeth would never decay; but I have brushed and brushed this one," pointing to a badly-decayed right incisor, "and it won't come clean. It must be plain rotten."

The school nurse had seen that all the pupils were supplied with tooth-brushes, and had explained the necessity of frequent and thorough brushing and the calamities that would overtake the teeth of those who were remiss in this respect. Enthusiasm was aroused to a "white heat." Some would fain have rushed out to begin the good work at once. However, when the brushes were a few days old, the nurse inquired: "How many children are using their tooth-brushes?" Hands shot up all over the room; but one urchin sprang to his feet, big with the thought of duty done and determination to see it through, and proudly announced: "I am! I use it every Sunday, too."

A consent card was returned to —— school with the following note: "I object to any instrument being used that is not properly cleaned; no 'lick-and-promise' style of cleaning allowed."

TEN COMMANDMENTS OF MARSHALL FOCH

The Great French General

(Quoted from the *Trench and Camp Magazine*)

1. Keep your eyes and ears ready, and your mouth in the safety-notch; and it is your soldierly duty to see and hear clearly, but, as a rule, you should be heard mainly in the sentry challenges or the charging cheer.

2. Obey orders first, and, if still alive, kick afterwards if you have been wronged.

3. Keep your arms and equipment clean and in good order; treat your animals fairly and kindly, and your motor as though it belonged to you and was the only one in the world. Do not waste your ammunition, your gas, your food, your time, nor your opportunity.

4. Never try to fire an empty gun, nor at an empty trench; but when you shoot, shoot to kill; and forget not that, at close quarters, a bayonet beats a bullet.

5. Tell the truth squarely. Face the music and take your punishment like a man; for a good soldier won't sulk, and is no squealer.

6. Be merciful to the women of your foe and shame them not, for you are a man; pity and shield the children in your captured territory, for you were once a helpless child.

7. Bear in mind that the enemy is your enemy, and the enemy of humanity, until he is killed or captured; then he is your dear brother or fellow-soldier, beaten or ashamed, whom you should not further humiliate.

8. Do your best to keep your head clear and cool, your body clean and comfortable, and your feet in good condition; for you think with your head, fight with your body, and march with your feet.

9. Be of good cheer and high courage; shirk neither work nor danger; suffer in silence, and cheer the comrades at your side with a smile.

10. Dread defeat, but not wounds; fear dishonor, but not death; and die game. Remember the motto of the division: "It shall be done."

Trade groups of Canadian producers to marshal our forces and to shape our ideas for going after a bigger share of the after-war trade overseas are being favored by the Canadian Trade Commission.

The Diet Kitchen

By Elizabeth Robinson Scovil

When a nurse is cooking for her patient her attention is often distracted by the claims of others in the kitchen, or her mind is upon the patient she has left, and the cookery suffers in consequence.

There are a few common accidents that may occur through haste, or carelessness, which she can easily remedy if she knows how to do it.

Curdling

Boiled custard and boiled salad dressing will curdle if left on the fire a moment too long. Turn the custard into a cold bowl and beat very quickly with a Dover egg-beater until smooth. Salad dressing is not as apt to curdle if a tablespoonful of flour is added to the dry ingredients before moistening them, and if the milk is added last, after the vinegar.

Lumping

If flour is mixed perfectly smooth and made rather thin with cold milk, or water, before adding the hot milk, it rarely lumps. Should it do so, beat rapidly with a Dover egg-beater. Blanc mange may be made smooth in the same way.

Pan Broiling

It is sometimes difficult to get a good clear fire when it is needed to broil a steak or chop. If properly done, pan broiling makes an excellent substitute for broiling over coals. Have the pan very hot, with no fat in it. Put in the meat and turn quickly from side to side until it is properly browned; then draw the pan back for a few moments until the contents are sufficiently cooked. If the pan is hot enough the surface of the meat is seared at once and the juices are retained; the meat will not stick to hot metal.

Keeping Meat Tender

When meat has to be re-heated, the gravy should be prepared and allowed to boil. Dark meats, as beef, should be cut very thin and kept in the hot gravy only long enough to be heated through, two or three minutes. The gravy should not boil after the meat is put in, or it will toughen it. White meats, as chicken, or veal, should be warmed in white sauce, care being taken that the sauce is smooth and creamy, not pasty. Cold mutton is very good diced and heated in white sauce. Any meat thus prepared can be served on toast.

Frying in Deep Fat

This is an art which to some persons is very easy, while others find it difficult to acquire. There must be enough of whatever fat is used, lard, or one of its substitutes, to float the article to be cooked, and it must be of the proper temperature. This can be tested by dropping a small piece of bread into it. Allow 20 seconds for uncooked food, as French fried potatoes, which are cold and require very hot fat; 40 seconds for cooked mixtures, as fish-balls and croquettes; one minute for dough mixtures, as fritters. If the bread browns in the time allowed, the fat is ready for the cooking of the desired article.

Anything to be fried in deep fat must either contain eggs, or be coated with egg, to prevent it from absorbing fat. Croquettes are rolled in bread crumbs, dipped in egg, a whole egg, slightly beaten, or egg and milk mixed. If the fat is not hot enough it will soak into the food; the outside must be browned quickly to prevent this. If a frying basket is used the croquettes must not touch one another, or a moisture is formed that softens what should be a crisp surface. Too many things should not be fried at once, or the fat is cooled too quickly to cook them properly.

Frying in deep fat is considered an expensive mode of cooking. It really is not so if the fat is properly cared for, as then it can be used again and again. When it is taken from the fire strain it through double cheese-cloth, placed in a small strainer. If there is the slightest odor when it is re-heated for use again, drop in a few slices of raw potato to clarify it. This contains a good deal of water, which, as it evaporates, takes with it the odors it has absorbed.

It is worth while to give the attention necessary to learn to fry well in deep fat, because this way of cooking transforms a very ordinary food into a very delicious one. Notice the difference between fish-cakes fried in a frying pan, with a little fat, and fish-balls cooked in deep fat. Try the following recipe:

Half a cup of shredded codfish, soaked in tepid water for fifteen minutes, drained and pressed in a piece of cheese-cloth. One cup of hot mashed potato, a little pepper, one small egg (thoroughly beaten until very light), one tablespoonful of milk. Mix the ingredients and taste the mixture. If necessary, add a little salt. Shape in balls, or take up a tablespoonful, moulding it slightly, and fry in deep fat.

The slogan of the Canadian Trade Commission, "Canada Product," is to be a guarantee of good quality, fair price, and all-around high level.

Export trade is not a hidden art like witchcraft or fortune-telling. The Canadian Trade Commission believes dozens of firms in Canada could score in the foreign field if they formed "groups of industries."

The World's Pulse

By Elizabeth Robinson Scovil

The remains of Edith Cavell were taken from Brussels to England on May 13th. The body was placed in a double coffin of zinc and oak, and carried through the streets of Brussels on a gun-carriage drawn by six black horses, preceded and followed by British troops, with bands. The Belgian Army also was represented. After a funeral service at the station the coffin was taken to Ostend, placed on board a British war-ship for Dover. From thence the body was conveyed to London, and, after a service in Westminster Abbey, taken to Norwich, the home of her mother, for burial. An examination revealed that her death was instantaneous. Two bullets had entered the right side and two the left, one of the latter piercing the heart.

In the Italian garden at Cliveden Court, Taplow, lie the remains of the soldiers who died in the adjoining Canadian hospital. In four years 24,000 soldiers passed through this hospital, established by Major and Mrs. Astor in their own grounds. Sir Robert Borden unveiled there a Canadian Red Cross memorial to these war heroes—a figure representing Life, with the inscription: "The souls of the righteous are in the hand of God."

A German medical journal states that the latest official figures give the casualties in the war as 1,600,000 killed, including 58,500 officers; 20,300 missing, 618,000 severely wounded and 4,164,000 less severely wounded.

In an interview with Stephen Lauzanne, the celebrated French journalist, Sir Robert Borden said: "On the second of August, 1914, we had no army. Six weeks later, on the fifteenth of September, we had 30,000 men across the Atlantic. On the eleventh of November, 1918, we had sent to France 500,000 men, of whom 60,000 will never come back, and of whom 160,000 have returned to us mutilated, or badly wounded. The heroism of the French Army has filled us with an admiration that will never die, but I believe that we have an equal right to be proud of our own record."

The British Government is giving £6,000,000 for the university training of demobilized soldiers; £100,000 has been set aside for the expenses of those men who wish to attend overseas universities. McGill University and Macdonald College will probably receive a goodly number of students. About 700 Canadians are receiving instruction in the agricultural camp at Ripon, England. A college of tropical agriculture may be established in the British West Indies, and two years of the course may be taken at Macdonald.

The city of Brooklyn, New York, has planted an avenue of 2,200 maple trees, in memory of the 2,200 men from Brooklyn who were killed in the war. It extends from Williamsburg to Flatbush Avenue, a distance of three miles, and each tree bears the name of a dead soldier.

It was on the fourth anniversary of the sinking of the Lusitania, with its 1,198 victims, May 7th, that the victors of the war presented their peace terms to the Huns at Versailles.

For the first time on record a woman has occupied a seat in the gallery reserved for officials in the English House of Commons. She is Mrs. Mair, private secretary to Sir William Beveridge, who is Permanent Secretary to the Ministry of Food. She is an M.A., of St. Andrew's University. At the Food Ministry she organized the distribution of bacon supplies. She was present, by special permission of the Speaker, to be at hand to give information if required.

The *Daily Mail* is printed simultaneously in London, Manchester and Paris. It was recently delivered in Aberdeen at 9 a.m., 540 miles by rail from London. A parcel of papers was dropped at Carlisle by parachute, and another at Dundee. The following day, the morning edition of the paper was delivered at Bristol, Exeter and Plymouth.

Lieut. Prackpapa, an Italian aviator, ascended over four miles in the air in forty minutes. He had three passengers in the airplane with him.

The United States War Department has announced a new time record for airplane flights. Major A. Gilkeson, of the Army Air Service, flew from New York City to Portland, Maine, a distance of five hundred miles, in two hundred and fifty minutes, four hours and ten minutes—that is, he flew two miles in every minute.

Grouping of Canadian producers to secure a bigger share of after-war trade overseas is advocated by the Canadian Trade Commission.

Four large manufacturing firms have taken the Canadian Trade Commission's folder, "The 'Why' in Trade Balance," to distribute among their employees.

The tone of communications from Great Britain is warmly in favor of the preference granted to Empire-made goods, says the Canadian Trade Commission.

A huge market for Canadian farm produce exists in Great Britain, where, according to the Trade Commission, our imports only amount to 1½ per cent. of the eggs consumed, 2½ per cent. of the butter, and 2¼ per cent. of the beef.

A far-reaching trade in Canadian farmstuffs is done in our own cities and towns than is done abroad. This fact is mentioned by the Canadian Trade Commission, not to minimize exports, but to show the unrecognized importance of our home markets.

The Nurse's Library

Reference Handbook for Nurses. By Amanda K. Beck, graduate of the Illinois Training School for Nurses. Fourth Edition, Revised and Enlarged. 32mo of 242 pages. Philadelphia and London: W. B. Saunders Company, 1919. Flexible leather. Price, $1.50 net.

This valuable little book, that can be slipped into the nurse's bag, and is a very great help in so many difficulties, and which has been reviewed before in these columns, is in its fourth edition, showing how it has been appreciated. It is a good book for the nurse preparing for registration, who feels that she should brush up on so many points in order to pass her examination.

* * * *

How to Conduct Public Meetings in Canada. By Helen Gregory MacGill, M.A., Judge Juvenile Court, Vancouver, B.C.; member of the British Columbia Minimum Wage Board. Published by Thomas Allen, 215-219 Victoria Street, Toronto, Ont. Price, 75 cents.

While Dr. J. G. Bourinot and Dr. Thos. Flint are considered to be authorities on the correct procedure for meetings, the size and expense of their books takes them out of the reach of the average woman, to whom some guide for her knowledge of what she may and may not do is, in these days of public for us all, an absolute necessity. Mrs. MacGill's book is convenient in size, simple and clear as to construction, and the differences between United States and Canadian procedure have been set out as clearly as possible. The author's plan of working out a complete meeting, illustrating the points she has previously made, make it easier to put into practice. It is certainly painfully true that very few graduate nurses have any idea at all of proper procedure; and it is earnestly recommended that this book be made a special feature of the winter's programme of each alumnae and graduate nurses' association, and that each individual nurse buys one for reference. The author says: "This little book is respectfully offered, trusting that the convenience of its size, its elementary character, and, above all, the easily-found references to authoritative writers, may make it of service to those who desire to know how to conduct or to take part in meetings in such a manner that the will of the majority may prevail, while the rights of the minority are duly preserved."

* * * *

Training School Methods for Institutional Nurses. By Charlotte A. Aikens, formerly Director of Sibley Memorial Hospital, Washington, D.C.; formerly Superintendent of Iowa Methodist Hospital,

Des Moines, and of Columbia Hospital, Pittsburg; author of "Hospital Management," "Studies in Ethics for Nurses," etc. 12mo. of 337 pages. Philadelphia and London: W. B. Saunders Company, 1919. Cloth, $2.25 net. J. F. Hartz Co., Toronto.

It is a well-known and lamented fact that very few of those graduates taking hospital positions are in any special way trained for these. It is all the more clearly shown that very few have a real idea of how to go to work to make a success in such important positions where the influence of head nurses has such effects on the pupils. This book is not only of value to the superintendent of the training school, but to the instructress who has a working scheme shown her to make her work interesting and instructive. The book should be in the office of every superintendent of nurses.

* * * *

The Higher Aspect of Nursing. By Gertrude Harding. 12mo. of 310 pages. Philadelphia and London: W. B. Saunders Company, 1919. Cloth, $2.00 net. J. F. Hartz Co., Toronto.

This book is a new departure for the nurse's library. Books on ethics have been used for text-books from the earliest days, and the ethical side of nursing has been always held up as the highest part of the calling. The author, as a result of the years of her experience, has arrived at the conviction that no woman has a moral right to enter the nursing profession with purely selfish motives. There is a higher aspect of the profession which seems to have eluded many of those who enter upon it. The book certainly contains much food for thought and many practical suggestions.

Incredibly large openings for our Dominion farm products are available in Great Britain, according to the Canadian Trade Commission.

The inspection of millions of dollars' worth of Roumanian goods bought under Canadian credits is being feverishly carried on under the C.T.C. The first shipment goes May 20th.

A correction of the Canadian point of view towards British trade is suggested in a communication from the Canadian Mission in London to the C.T.C. The tendency runs too much to detail. Trade would be better in most cases if handled by trade groups.

"Meet the British half way in their effort to do trade with Canada," is the suggestion made by the Canadian Trade Commission to business men. There is a broad, expansive feeling of good-will and fellowship at present which should not be allowed to become lukewarm.

"Alberta stands to gain substantially from the new trade in live-stock and meat products as the outcome of after-war conditions overseas," says the *Edmonton Journal*, quoted by the Canadian Trade Commission.

Hospitals and Nurses

NEW BRUNSWICK

The annual meeting of the New Brunswick Graduate Nurses' Association was held in St. John on the 15th and 16th of July. The meetings were held in the rooms of the Natural History Society. An interesting paper was read by Hon. Dr. W. F. Roberts, Minister of Public Health for New Brunswick. Subject: "Registration of Nurses."

On the 15th the members of the local chapter entertained the association at dinner at the Manor House, Glen Falls. Mrs. F. T. Dunlop was the energetic convener of the committee in charge of the dinner. On the conclusion of the repast the gathering proceeded to the Imperial to witness the performance.

On the 16th, at the conclusion of the meetings, five o'clock tea was served in Bond's Tea Rooms by the local nurses, Mrs. J. A. Vaughan being the convener of the committee.

Miss Margaret Murdock, operating-room nurse of the G. P. Hospital, St. John, and Miss Lyla Belding, anæsthetist of the same institution, are spending their vacation at the Narrows, St. John River.

Miss Maude P. Gaskin has accepted the position of matron of the Lancaster Hospital (D.S.C.R.), St. John. Miss Gaskin served overseas for two years.

Miss Bell Howe, nurse in charge of the out-patient department of the G. P. Hospital, St. John, is spending her vacation on the St. John River.

* * * *

QUEBEC

Royal Victoria Hospital, Montreal

In the June official list of Royal Red Cross awards appear the following R.V.H. graduates: R.R.C. (1st class), Lucy G. Squires and Flora H. Wylie; R.R.C. (2nd class), Alice M. Stewart.

Miss N. Goodhue, of the R.V.H. staff, is spending a month in the Eastern Townships.

Among recently-arrived nursing sisters are M. Beatrice Sanderson, Dorothy M. Sanderson and Aline Pomeroy.

Miss M. Prescott has returned from Vancouver and will spend the greater part of August at Baie Verte, N.S.

Miss Imogen Pearson is at her home in Buckingham, Que.

Miss S. Orr has been called to her home in P.E.I. by the sudden illness of her sister.

Miss Muriel Boulden is in charge of the milk station at Chalmers House Settlement during the absence of Miss M. Bellhouse, who is at Baie Vert, N.S., for a holiday.

Mrs. Hugh Patterson (D. Montizambert, 1916), who was a patient at the Ross Memorial recently, is spending the summer at Val Morin, Que. (in the Laurentians).

R.V.H. head nurses on holidays include Miss H. Rice, at her home in Halifax; Miss V. MacMillan, at her home in Nova Scotia; Miss M. Etter, at Twin Mountains, N.H.; Miss L. O'Reilly, at Kennabunk Beach, Maine; Miss A. Sutherland and E. Karn, at Norway Bay, Que.

Recent graduates admitted to the A.A. include Jean Currie, M. Ross, F. Anderson and T. Tingly, all of 1919.

Miss Constance Anderson, who has been at Saranac Lake, N.Y., has successfully passed the New York State nursing examinations.

Miss K. Davidson has returned from Vancouver after attending the convention. Miss Buck, who also attended the convention, is visiting in the West for the remainder of the month.

* * * *

ONTARIO

Owen Sound

A public reception was tendered recently to Mesdames Eaton and Howey, who were the hostesses of the Grey County Soldiers' Tea Room in London, England, during the period of the war. Also in the receiving line were three of our nurses, recently returned from overseas: Misses Pollock, Kilbourn and Carson, who were each presented with flowers.

An event of much interest to the nurses last month was the marriage of Miss Stella Beaton to Mr. James Lemon. Mrs. Lemon has been an untiring worker in the interests of the Nurses' Alumnæ, and will be much missed by the members. Previous to her marriage the nurses spent a delightful evening at her home, taking advantage of the occasion to present her with a silver teapot.

* * * *

ALBERTA

Graduation exercises in connection with Lamont Public Hospital, Lamont, Alta., were held June 10th. The members of the '19 class are Misses Christina Campbell, Vegreville, Alta.; Ruby Manton and Mary Peterman, both of Toronto, Ont.

Miss Stafford, graduate of Lamont Public Hospital ('18), has accepted a position on the staff of that institution.

BRITISH COLUMBIA

The graduation exercises of the 1919 class of the Provincial Royal Jubilee Hospital, Victoria, took place Thursday evening, July 10th, at the Empress Hotel, and came as the final feature of the Hospitals Association which had been in convention for three days and was attended by all the delegates as well as by the many friends of the class. President R. S. Day addressed the class, and Miss Isabel M. Stewart gave an address on "The History of Nursing." Fourteen graduates received their diplomas from the hands of Mr. Day, and their pins were presented by Miss Jessie MacKenzie, R.N., superintendent of the training school. The bursary presented by the Victoria Graduate Nurses' Association to the most proficient pupil of the first year went to Miss Newman. The following were the graduating class: Misses Georgie Hume, Clara Gothard, Ida Kate Merson, Emily Vickers Hobbs, Amy Mary Boyce, Margaret Jane Miller, Amicia Nelson Wilson, Viva Bengston, Eldora Bray, Winnifred Ehlers, Marjorie Hambly, Marion S. Wismer, Jenny Isabel Smith, Dora Lilian Trill. After the formal part of the proceedings, dancing was indulged in, making a memorable and enjoyable occasion for the graduates of 1919.

Miss Pauline Rose, who has recently returned from overseas service, has resumed her duties as superintendent at the Nanaimo General Hospital, Nanaimo, B.C.

Miss Minnie Macmillan, who has been for some time acting as superintendent of the Nanaimo General Hospital, Nanaimo, B.C., has accepted the position of superintendent of nurses at the Royal Inland Hospital, Kamloops, B.C.

A farewell dance was tendered Miss Maude McLeod by the staff of the Vancouver General Hospital, Vancouver, on July 31st, when presentations from the pupil nurses and a purse of money from the medical men were made. She leaves at once for her home in Prince Edward Island.

It is understood that Miss E. B. Ridley, matron-in-chief of the nurses in France, who had accepted the position of superintendent of nurses in the Vancouver General Hospital, has, on account of ill health, been obliged to withdraw her acceptance.

Miss Elizabeth Breeze, chief nurse of the school nurse staff in Vancouver and secretary of the G.N.A. of B.C., is spending her holidays in Edmonton, Alberta, and other places in the same province.

Miss Lillian Archibald, registrar of the Vancouver Graduate Nurses' Association, is spending her holidays at Alta Lake, B.C.

Ten "trade groups" to secure foreign orders have been formed through meetings at the offices of the Canadian Trade Commission in the last five weeks.

MARRIAGES

LEMON-BEATON—At the home of the bride's mother, in Derby, on June 9th, 1919, by the Rev. E. F. Chandler, Stella Beremeda Beaton, graduate of the Owen Sound G. and M. Hospital, class 1913, to James A. Lemon, Reeve of St. Vincent.

COWELL-KILBURN—In London, England, April 2nd, 1919, Nursing Sister Beatrice Kilburn, graduate Owen Sound G. and M. Hospital, class 1911, to Lieut. Norman Cowell, C.E.F.

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Regular Monthly Meeting—Third Tuesday, 8 p.m.

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Regular meeting, 1st Friday of every second month, from May to June, 4 p. m.

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Regular monthly meeting second Wednesday, 8 p.m.

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Sick Visiting and Flower Committee—Miss Stewart, Miss Dunlop, Miss Vipond and Miss Brock.

Committee—Miss Ketchen, Miss McNutt, Miss M. Gray, Miss Moffatt and Miss Tedford.

Refreshment Committee—Mrs. Dunwoody.

Representatives to the Local Council of Women—Mrs. Lamb, Miss Howard, Miss Ketchen and Miss Briggs.

Representative to "Canadian Nurse"—Miss A. Doré, 33 St. Famille Street, Montreal, Que.

Regular Meeting—Second Friday.

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Regular Meeting—Second Monday of each month.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss Ellis; President, Mrs. Gilroy, 404 Spadina Avenue, Toronto; First Vice-President, Miss Anderson; Second Vice-President, Miss Boggs; Treasurer, Miss Shortreed, Toronto Western Hospital; Recording Secretary, Miss Annan; Corresponding Secretary, Miss Ewart, 22 Henderson Avenue, Toronto; Representative to Canadian Nurse (articles), Miss Jessie Cooper, 497-a Bloor Street, Toronto; Subscriptions, Miss Margaret Campbell, 91 Beatrice Street, Toronto.

Representatives Central Registry—Miss Cooney, Miss Kneeshaw, Miss B Campbell.
Visiting Committee—Mrs. Yorke, Mrs. MacConnell.
Programme Committee—Miss S. Jackson, Convener.
Knitting Committee—Miss Hornsby, Convener, 691 Spadina Avenue.
Directors—Mrs. MacConnell, Mrs. Yorke, Mrs. Valentine, Mrs. Weehaufer.
Treasurer Alumnae War Fund—Mrs. Valentine, 55 Lakeview Avenue, Toronto.
The Association meets First Friday each alternate month.

THE ALUMNAE ASSOCIATION, HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO

President, Miss E. Jamieson, 5 Summerhill Gardens. Toronto; First Vice-President, Mrs. Hill; Second Vice-President, Miss McKay; Recording Secretary, Miss Burwash; Corresponding Secretary, Miss Dingwall; Treasurer, Miss E. Cameron, H.S.C.; Representatives Central Registry, Miss Sarah Barnhardt, Miss Jenny Hill; "Canadian Nurse" Representative, Miss Farquharson, H.S.C.; Sick Visiting Committee, Miss Gray, Miss Miller, Miss Morrin C. Stair.

THE ALUMNAE ASSOCIATION OF GRACE HOSPITAL, TORONTO

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Representative to the "Canadian Nurse"—Miss M. Greer.

Conveners of Commitees—Social: Miss Etta McPherson; Press and Publication: Miss L. Smith; Sick: Miss C. Cunningham.

Board of Directors—Misses Rowan, McKeon, Lindsay, Peraen, Lonsborough and Greer.

Regular Meeting—Second Tuesday, 8 p.m.

THE ALUMNAE ASSOCIATION, TORONTO FREE HOSPITAL TRAINING SCHOOL FOR NURSES, WESTON, ONT.

Honorary President, Miss E. McP. Dickson, Superintendent of Nurses, Toronto Free Hospital, Weston; President, Miss G. Gibson, 84 Harvard Avenue, Toronto; Vice-President, Miss S. Savage, Toronto Free Hospital; Recording Secretary, Miss J. Wilson, Toronto Free Hospital; Corresponding Secretary, Miss Selby, Toronto Free Hospital; Treasurer, Miss I. Ford, 166 Wright Avenue, Toronto; Press Representative, Miss E. Hawkins, Toronto Free Hospital.

Programme Convener—Miss Miller, 6 St. Clair Gardens, Toronto.

Regular Meeting—Second Friday every second month.

THE ALUMNAE ASSOCIATION OF THE TORONTO ORTHOPEDIC HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss E. MacLean, Toronto Orthopedic Hospital; President, Mrs. A. W. McClennan, 436 Palmerston Boulevard; Vice-President, Mrs. W. E. Ogden, 9 Spadina Road; Secretary-Treasurer, Mrs. W. J. Smither, 71 Grenville Street; Press Representative, Mrs. W. J. Smither.

Representatives to Central Registry—Mrs. A. W. McClennan and Mrs. W. J. Smither.

Regular Meeting—Fourth Thursday of each alternate month at 3 p.m.

THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, GUELPH, ONT.

Hon. President, Mother M. Thecla; Hon. Director, Sister M. Dosetheus; President, Miss M. O'Sullivan; Vice-President, Miss R. Henry; Secretary, Miss U. O'Sullivan; Treasurer, Miss A. Boyd.

Officers for Sick Benefit Fund: President, Miss M. Burke; Vice-President, Mrs. Hanlon; Secretary, Miss B. Bracy; Treasurer, Miss I. Forwell; Directors, Misses McQuillan, Burns, Spitzig, Holmes.

Regular Meeting—First Friday of each month.

THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, HAMILTON

Hon. President, Mother M. St. Basil; Hon. Director, Sister M. Gerard; President, Miss G. Boyes, 17 East Avenue, South; Vice-President, Miss M. Maloney; Recording Secretary, Miss E. Dermody, 157 Catharine Street; Corresponding Secretary, Miss E. McClarty, 92 Hunter Street, West; Treasurer, Miss A. Brohman, 92 Hunter Street, West.

"The Canadian Nurse" Representative—Miss M. Nally, 213 Cannon Street, East.

Representative on Central Registry—Miss M. Grant.

Entertainment Committee—Misses L. Furey, M. McClarty and M. La Hoff.

Executive Committee—Misses H. Fagan, E. Cahill, H. Carroll, N. Finn and F. Clarke.

Sick Visiting Committee—Misses H. Carroll and F. Clarke.

Regular Meeting—First Tuesday, 4 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO

President, Miss Golay, 142 Ellsworth Avenue; Vice-President, Miss McNeill, 82 Gloucester Street; Secretary, Miss Alice Kirk, Riverdale Hospital; Treasurer, Miss Frances Schoales, 3 Withrow Avenue. Executive Committee, Misses Jessie Naives and Elizabeth Miller; Conveners of Committees, Miss Love, Sick and Visiting; Miss Honey, Programme.

Representatives on Central Registry—Misses Goloy and Maude Thompson.

Representative on "Canadian Nurse"—Norine V. Schoales.

Regular Meeting—First Thursday every second month, 8 p.m.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES

President, Miss Burnett, 131 Stinson Street; Vice-President, Miss Ida Ainslie, Dominion Apartments; Secretary, Mrs. G. H. Obrien, 170 Catharine Street, North; Treasurer, Miss Bridgeman, Hamilton City Hospital; Corresponding Secretary, Miss Barclay, 137 Catherine Street, N., Hamilton, Ont.

Executive Committee—Miss Taylor, Mrs. Jarvis, Miss Peach, Miss Forman, Miss Norsworthy.

Sick Committee—Miss A. P. Kerr, Miss Mabel Dunlop, Mrs. Reynolds and Miss Burnett.

Representative to the National Council of Women—Miss Taylor.

"Canadian Nurse" Correspondent—Miss A. P. Kerr, 176 West Avenue, North.

ALUMNAE ASSOCIATION OF THE MACK TRAINING SCHOOL, GENERAL AND MARINE HOSPITAL, ST. CATHARINES, ONT.

President, Mrs. Parnell; First Vice-President, Miss McCormack; Second Vice-President, Mrs. R. L. Dunn; Treasurer, Mrs. Durham; Secretary, Miss MacLeod.

Correspondent "The Canadian Nurse"—Miss MacLeod.

Programme Committee—Misses McCormack, Moyer, Cussman, Nesbitt, Mrs. Halut and Mrs. Aspinall.

Meetings to be held at Nurses' Residence the last Wednesday of each month.

THE ALUMNAE ASSOCIATION OF THE AMASA WOOD HOSPITAL TRAINING SCHOOL FOR NURSES, ST. THOMAS, ONTARIO

President, Miss Mary E. Stuart, Amasa Wood Hospital; Vice-President, Miss Mamie Palmer, 91 Scott Street; Recording and Corresponding Secretary, Miss Susie Dickbout, Amasa Wood Hospital; Treasurer, Miss Mary Otis, 26 Hiawatha Street; Executive Committee, Misses Wardell, Malcolm, Anderson, Brunk and Ewing; Representative to the "Canadian Nurse," Miss Hazel Hastings.

Regular Meeting—Second Wednesday, 8 p.m.

THE ALUMNAE ASSOCIATION OF VICTORIA HOSPITAL TRAINING SCHOOL FOR NURSES, LONDON, ONTARIO

President, Mrs. Joseph; Vice-President, Miss Whiting; Secretary and Recording Secretary, Miss Barons; Treasurer, Mrs. Cummings.

Programme Committee: Mrs. Douglas, Mrs. Thomas, Misses Mortimer, Hutchison and G. Wood.

Advisory Committee: Mrs. Peterson, Misses McVicar, Gilchrist and Forsyth.

THE ALUMNAE ASSOCIATION OF THE WOODSTOCK GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES

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Convenors of Committees—

Executive—Miss Chisholm, 753 Wolseley Avenue.

Social—Miss Starr, 753 Wolseley Avenue.

Sick Visiting—Mrs. Montgomery, 196 Kennedy Street.

Red Cross—Mrs. Hall, 237 Morley Avenue.

Regular Monthly Meeting, second Wednesday at 3 p.m.

MANITOBA ASSOCIATION OF GRADUATE NURSES

President, Miss Elizabeth Carruthers; First Vice-President, Miss A. E. Gilroy; Second Vice-President, ——; Third Vice-President, ——; Corresponding Secretary, Miss Louise Spratt, Bureau of Child Hygiene, Winnipeg; Recording Secretary, Miss M. F. Gray, suite 8, Eleanora Apartments, McDermott Street, Winnipeg; Treasurer, Miss Florence Robertson, 123 Langside Street, Winnipeg.

THE GRADUATE NURSES' ASSOCIATION OF BRANDON

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"Canadian Nurse" Representative—Miss Hulbert.

Convener Registry and Eligibility Committee—Miss Christina McLeod.

Convener Social Committee—Miss Kid, 442 Eighth Street.

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Incorporated March, 1917

Council—President, Matron Jean Urquhart, Reg. N., Saskatchewan Military Hospital, Moose Jaw, Sask.; Vice-President, Miss Granger Campbell, Reg. N., Superintendent City Hospital, Saskatoon, Sask. Councillors—Miss Jean Browne, Reg. N., Director of Public Hygiene, Regina, Sask.; Mrs. Feeney, Reg. N., School Nurse, Moosomin, Sask.; Dr. A. Charlton, Bacteriological Laboratory, Regina, Sask.; Dr. A. W. Argue, Grenfell, Sask.; Secretary-Treasurer and Registrar, Miss Jean Wilson, Reg. N., Superintendent, General Hospital, Moose Jaw, Sask.; **Canadian Nurse** Representative, Miss Anna Jackson, Reg. N., General Hospital, Moose Jaw, Sask.

ALBERTA ASSOCIATION OF GRADUATE NURSES

Incorporated April 19, 1916

Council—Miss Victoria I. Winslow, R. N., Superintendent of Nurses, General Hospital, Medicine Hat; President; Miss L. M. Edy, R. N., Superintendent of Nurses, General Hospital, Calgary, Convener of Finance Committee; Miss Edith M. Rutherford, R. N., 934 Fifteenth Avenue, W., Calgary, Representative on the Canadian National Association Committee on Public Health Nursing; Mrs. Katharine Manson, R. N., Military Hospital, Edmonton; Miss C. M. Campbell, R. N., Superintendent of Nurses, Royal Alexandra Hospital, Edmonton, "The Canadian Nurse" Representative; Miss Frances Macmillan, R. N., Assistant Superintendent of Nurses, Royal Alexandra Hospital, Edmonton; Mrs. R. W. R. Armstrong, R. N., Drawer 276, Edmonton, Secretary-Treasurer and Registrar.

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Regular Monthly Meeting—Third Wednesday, 3.30 p. m.

OFFICERS OF THE GRADUATE NURSES' ASSOCIATION OF BRITISH COLUMBIA

President, Miss Jessie MacKenzie; First Vice-President, Mrs. M. E. Johnston; Second Vice-President, Miss Ostrom; Secretary, Miss E. G. Breeze, 1063 Balfour Avenue, Vancouver, B.C.; Registrar, Miss Helen Randal, 125 Vancouver Block, Vancouver, B.C.

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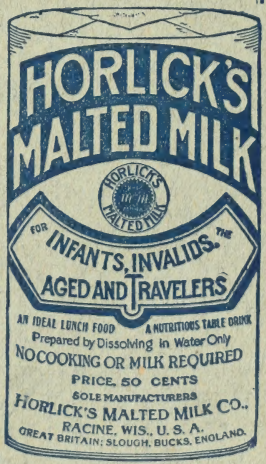

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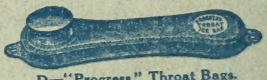

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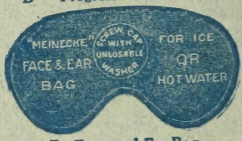

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